

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MATERNAL AND INFANT CARE COORDINATION

BABYCare CHANGE FORM

Agency Name: _____

Agency Provider #: _____

Agency Address: _____

Contact Name: _____

Contact Phone #: _____

Contact Fax #: _____

Client's Medicaid #	Client's Name	Description of Problem	Resolution

Use this form to notify DMAS of problems due to changes in the Medicaid number, enrollment to an incorrect provider number, incorrect disenrollment, enrollment in a HMO, or other problems with the BabyCare process.

If the Medicaid ID number has changed, provide both the original and the new number.

FAX TO: BabyCare Program at 804-786-5799